Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the	2022 calendar year, or tax year beginning and	ending				
	heck if pplicable	C Name of organization		D Employer identific	cation number		
	Addres	THE LUTHERAN CARE NETWORK, INC.					
	Name change	Doing business as		11-289623	30		
\vdash]Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 700 WHITE PLAINS ROAD	Room/suite 3 7 7	E Telephone number 914-365-6			
	termin- ateci		I	G Gross receipts \$	3,294,689.		
	Amend			H(a) Is this a group re			
	Application	I F Maine and address of principal office: Deverting transferior			? Yes X No		
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in			
	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
	Vebsit			H(c) Group exemption			
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation; 1987 N	State of legal domicile; NY		
Pε	ırt I	Summary					
ģ		Briefly describe the organization's mission or most significant activities: THE					
Governance		MINISTRY OF HEALING, HOSPITALITY AND COMM	 				
ern		Check this box		l i			
õ				3 4	8 7		
		Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a)			14		
Activities &		Total number of volunteers (estimate if necessary)			7		
ξį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
۵۱	8	Contributions and grants (Part VIII, line 1h)		111,632.	23,119.		
ğ	9	Program service revenue (Part VIII, line 2g)		2,056,181.	1,914,032.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		180.	1,174,090.		
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	62,966.	183,448.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,230,959.	3,294,689.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)		1,160,780.	1,262,125.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
X	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>				
-	11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,760,790. 3,921,570.	480,079. 1,742,204.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		-1,690,611.	1,552,485.		
		Revenue less expenses. Subtract line to from line 12	Re	ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)	1.5	4,877,791.	3,977,399.		
ASS	21	Total liabilities (Part X, line 26)		6,366,536.	2,721,595.		
₹ E	22	Net assets or fund balances. Subtract line 21 from line 20		-1,488,745.	1,255,804.		
Pé	irt II	Signature Block		Mildian .			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is		
true	correc	t, and complete. Declaration of prepares (other than officer) is based on all information of w	hich preparer	has any knowledge.			
	0	Maraine Filleguer		10/16	12023		
Sign Signature of officer Date							
Here LARAINE FELLEGARA, CEO							
			T	Date Gheck	PTIN		
Paid		Print/Type preparer's name Preparer's signature KENNETH MCGIVNE KENNETH MCGIVNE		0/16/23 self-employ			
	arer	Firm's name BONADIO & CO., LLP			6-1131146		
	Only	Firm's address 6 WEMBLEY CT		THE SELECT			
	_ [ALBANY, NY 12205		Phone no. (5	18) 464-4080		
May	<u>the I</u> F	RS discuss this return with the preparer shown above? See instructions		1	X Yes No		
	01 12-10		ons.		Form 990 (2022)		

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Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B. Schedule of Contributors? See Instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I в Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a _____ b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х 111 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See Instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes," complete Schedule G, Part III 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X

domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$0,000 of grants or other assistance to or for domectic individuals on Part IX. column (A), line 27 if "Yes," complete Schedule / Parts I and III 22 X X 2	rai	Checklist of hequited Scheddles (continued)		1	
De Tett. Costume (A), live 27 is "Yes," computes Schedule (Parts I and III) Did the organization answer "Yes" in Part VIII Scient On A line 3. a, 0.5 about compensation of the organization or current and former officions, discosting the part of the parts of the				Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, Ins. 3, e. or 1, about compensation of the organization's current and former offices, directors, fusions, expenditudes, and highest compensated employees? "It "Yes," complete Schedule II and the organization have a text-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, find visual sissued after December 31, 2002? "It "Yes," answer lines 24th through 24d and complete Schedule II." "If "Yes," to Intel 25 a Did the organization marks are yeccessed of tax exempt bonds beyond a temporary period exception?" 24g	22		20		x
and lornare officers, directors, fusibles, key employees, and nighted componented employees? If "Yee," complete Schedule I, Part II and a component of the schedule I, Part II and Institution of the organization provide a given by the organization provide and provided as separate from the organization maintain an escore account other then a refunding escore at any time during the year to defease any scale of birth the organization maintain an escore account other then a refunding escore at any time during the year to defease any scale of birth the organization and as an "on behalf of "issue for bonds outstanding at any time during the year to defease any scale of birth the organization and scale of the organization engage in an excess benefit transaction with a designation of the organization between the acceptance of the organization engage in an excess benefit transaction with a designation of the organization properties schedule I, Part I and the transaction with a designation of the organization properties of the organization sport forms 900 of 900 ECZ II If Yee, complete Schedule I, Part I and the transaction with a designation of the organization promoters of the organization promoters of the organization promoters of the organization promoters of the organization organization promoters and the organization organization organization promoters and promoters of the organization organization organization promoters against or other assistance to any current or former officer, director, trustee, key employee, organization of the organization of the organization organization and organization organization organization and organization of the Schedule I, Part II I and the organization of the organization orga	02				
43 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the stand day of the year. That was based after December 31, 2002? If "Yos," answer lines 246 through 24d and complète Schedule K. If "No." go to line 25s. 5 Did the organization invoid any proceeds of tax-exempt bonds beyond a temporary period exception? 6 Did the organization maintain an escrive account offser than a refunding excrow at any time during the year to defense any tax-exempt bonds? 7 Did the organization analytic and a secretary of the secretary to the secretary to secretary to secretary to secretary the secretary to secretary the secretary to secretary the secretary to secretary the secretary to secretary the secretary to secretary the secretary to secretary secretary to secretary secretary to secretary secretary secretary secretary of secretary secretar	23				
24a Dit the organization in time in time of the exement bund issue with an outstanding principal amount of more than \$10,000 and the list divy of the year, that was sixed after December 31, 2002? If "Yes," answer times 246 through 24d and complete Schedule K. If "No," go to lime 25s b Did the organization invest any proceeds of tax-exempt bunds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bunds beyond a temporary period exception? 24d Did the organization can see as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25a Section 601(5)8), 601(5)8, and 601(1(28) organizations. Did the organization and an excess bonofit transaction with a disqualified potent during the year? If "Yes," complete Schedule L, Part I was contained to the organization and the time transaction with a disqualified potent during the year? If "Yes," complete Schedule L, Part I was contained and the time transaction and the organization and the organization proof or 909-EZ? If "Yes," complete Schedule L, Part I was controlled analy or family member of any of these peaces? If "Yes," complete Schedule L, Part I was controlled analy or family member of any of these peaces? If "Yes," complete Schedule L, Part II was controlled entity of tending an employee period or family member of any of these peaces? If "Yes," complete Schedule L, Part IV, enstructions for applicability interesting controlled entity of organization provide a grant or offer assestance to any controlled entity of organization provide and controlled entity of organization provide and controlled entity of organization entitle organization entitle organization entitle entity of organization entitle organization entitle entitle organization entitle entitle organiz			23	х	
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Schoolule K. If "No" go to lare 29a b. Did the organization improved any proceeds of lax-exempt bonds beyond a temporary period exception? c. Did the organization maintain an oscrow account other than a refunding escrow at any time during the year to defesse any tax-exempt bonds? d. Did the organization maintain an oscrow account other than a refunding escrow at any time during the year to defesse any tax-exempt bonds? 24d D. The organization maintain an oscrow account other than a refunding escrow at any time during the year? 24d D. The organization accounts as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d D. The organization accounts and the year of the organization engage in an excess benefit transaction with a disquisition provide and that the transaction are provided on any amount on Part X, line 0 or 22, for receivables from or paysables to any current or former offices, director, trustee, key employee, creator or forunder, substantial contributor, or 35% controlled ontity or family member of any of these persons? If "Yes," complete Schadula L, Part II 25 Dut the organization provide a great or other assistance to any current or former diffice, director, trustee, key employee, creator or forunder, substantial contributor or analyse thronol, a grant selection committee member, or to a 35% controlled entity (including an employee) thereof or family member of any of these persons? If "Yes," complete Schadula L, Part IV sets the organization provide a great or other assistance to any current or former diffice, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schadula L, Part IV sets the organization as party to a business transaction with one of the following perties (see the Schadula L, Part IV and Part V, Ira Part V and Part V, Ira Part V and Part V, Ira Part V ana					
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any tax-exempt bondor? d) Did the organization act as an "on behalf of" essuer for bonds outstanding at any time during the year? 28a Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualited person during the year? "Yes," complete Schedule I., Part I 28b Is the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization? Forms 980 or 990-EZ? If "Yes," complete Schedule I., Part I 28c Did the organization report any amount on Part X, line 3 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creation or found thy of tenili member of any of these persons? If "Yes," complete Schedule I., Part II 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creation or founds, substantial contributor or promipove thereof, a grant selection committee member, or to a 45% controlled entity femblishing an employee thereof, or family member of any of these persons? If "Yes," complete Schedule I., Part III 28c Was the organization a party to a business transaction with one of the following parties (see the Schedule I., Part III) 28d Was the organization a party to a business transaction with one of the following parties (see the Schedule I., Part III) 28d A stanily member of any individual described in line 28a III "Yes," complete Schedule II., Part IV 28d A stanily complete S	b		24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 50(1)(5), 80(1)(4), and 50(1)(2) and 50(1)(2) organization. Did the organization engage in an excess benefit transaction with a disqualified person during the year? #"Yes," complete Schedule L, Part I b Is the organization wave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on my of the organization's prior Forms 90 or 996427 if "Yes," complete Schedule L, Part I II 28 Did the organization report any amount on Part X, lins 5 or 22, for receivables from or payables to any current or former officer, director, trustee, eve amployee, creator or founder, substantial contribution, or 35% controlled entity or family member of any or current or former officer, director, trustee, key employee, creator or founder, substantial contribution or employee thereof, a grant selection committee member, or to a 45% controlled entity froutding an employee thereof of a grant immember of any of these persons? "I"Yes," complete Schedule L, Part III was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV, was runchosis or applicable light (thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key amployee, creator or founder, or substantial contributor? #"Yes," complete Schedule L, Part IV b A laminy immember of any individuel desembed in line 28a7 #"Yes," complete Schedule L, Part IV 28b					
25a Section 501c(2)3, 501c(2)4), and 501c(2)20 progenizations. Did the organization angage in an excess benefit transaction with a disqualified person during the year? # "Yes," complete Schedule f., Part 1 25b X 15 is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-E7? # "Yes," complete Schedule L, Part # 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officer, director, trustee, key employee, creator or founder, substantial contribution, or 35% controlled entity or founder, substantial contribution or organization provide a grant or other assistance to any current or forms officer, director, trustee, key employee, creator or founder, substantial contribution or employee thereof; a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part ## 28		any tax-exempt bonds?	24c		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I! 29	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization year or payables to any current or former officer. director, trustee, key employee, creation or founder, substantial contribution or 55% controlled entity or family member of any of thisse persons? If "Yes," complete Schedule I, Part II 27. Did the organization provide a grant selection committee member, or to a 35% controlled entity or family member of any of thisse persons? If "Yes," complete Schedule I, Part II 27. Was the organization provide a grant selection ocommittee member, or to a 35% controlled entity or family member of any of those persons? If "Yes," complete Schedule I, Part IV 27. A says controlled entity of complete Schedule I, Part IV 28. A complete Schedule II, Part IV 28. A complete Schedule II, Part IV 28. A says controlled entity of none or more individuals and/or organizational described in line 288? If "Yes," complete Schedule II, Part IV 28. A says controlled entity of one or more individuals and/or organizational described in line 288? If "Yes," complete Schedule II, Part IV 28. A says controlled entity of one or more individuals and/or organizational described in line 288? If "Yes," complete Schedule II, Part IV 28. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV 28. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV 30. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV 31. X 30. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, If I X 30. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, If II X 30. Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If	25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 980 or 990-EZ? # "Yes," complete Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, flustes, key employee, creator or founder, substantial contributor, or 35% controlled entity of rainity member of any of these persons? # "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, flustes, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity forcilloging an omployee thereof) or family member of any of flesse persons? # "Yes," complete Schedule L, Part IV 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 28 Was the organization or provide the flight thresholds, conditions, and exceptions): a A current or former officer, director, flustes, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV 28 Was the organization or flight flight flusteness (see the Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule II, Part IV 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified consorvation contributions? # "Yes," complete Schedule II, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule II, Part II 29 Did the organization liquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule II, Part II 30 Did the organization or sell, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule II, Part II 30 Did the organization over 100% of an entity disregarded as separate from		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
Schedule L, Part II 28 Did the organization report any smount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If Y'ves, "complete Schedule L, Part II 29 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of those persons? If Y'ves, "complete Schedule L, Part III. 28 Was the organization a part ty to a business transaction with one of the following parties (see the Schedule L, Part III. 29 A current or former officer, director, frustee, key employee, creator or founder, or substantial contributor? If Y'ves, "complete Schedule L, Part IV. 29 La family member of any individual described in line 288? If Y'vas," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If Y'ves, "complete Schedule M. 29 La Y. 20 Did the organization receive more than \$25,000 in non-cash contributions? If Y'ves, "complete Schedule M. 20 Did the organization receive contributions of art, historical treasures, or other smilar assets, or qualified conservation contributions? If Y'ves," complete Schedule M, Part I J. 21 Did the organization related to any tax-exempt or taxable entity? If Y'ves, "complete Schedule N, Part II. 22 Did the organization or such assolves and cease operations? If Y'ves, "complete Schedule N, Part II. 23 Did the organization related to any tax-exempt or taxable entity? If Y'ves, "complete Schedule N, Part II. 24 Was the organization related to any tax-exempt for taxable entity? If Y'ves, "complete Schedule N, Part II. 25 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If	b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
Did the organization report any amount on Parl X, line 5 or 22, for receivables from or payables to any current or former officier, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If Yes, "complete Schedule I, Parl II 27		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
controlled entity or family member of any of these persons? If "Yos," complete Schedule I, Part II 28			25b		<u>X</u>
controlled entity or family member of any of these persons? **I**Yes**, "complete Schedule** L, Part II** 1 bid the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or employee thereofe, a grant selection committee member, or a 35% controlled entity (including an employee thereof) of family member of any of these persons? **I**Yes**, "complete Schedule** L, Part III** 2 Was the organization a party to a business transaction with one of the following parties (see the Schedule** L, Part II**, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *II**Yes**, "complete Schedule** L, Part IV** b A lamily member of any individual described in line 28a7 *I**Yes**, "complete Schedule** L, Part IV** 2 bid the organization of entity of one or more individuals and/or organizations described in line 28a or 28b? *If** 2 bid the organization receive more than \$25,000 in non-cash contributions? *I**Yes**, "complete Schedule** L, Part IV** 2 bid the organization receive more than \$25,000 in non-cash contributions? *I**Yes**, "complete Schedule** N, Part II** 3 bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *I**Yes**, "complete Schedule** N, Part II** 3 bid the organization self, exchange, dispose of, or transfer more than 25% of its net assets? *II**Yes**, "complete Schedule** N, Part II** 3 bid the organization of liquidate, terminate, or dissolve and cease operations? *I**Yes**, "complete Schedule** N, Part II**, and N,	26				
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV. 28a X 28 A X b A family member of any individual described in line 28a? If "Yes," complete Schedule I, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule I, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive ornthibutions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 30 177012 and 30 177012 a		·			
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?" If "Yes," complete Schedule L, Part IV, and party to a business transaction with one of the following parties (see the Schedule L, Part IV, as a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV as a Schedule C, Part IV, III as a Schedule C, Part IV, II			26		<u> </u>
entity (including an employee thereof) or family member of any of these persons? #"Yes," complete Schedule L, Part IV, 18 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, 19 mistructions for applicable fling thresholds, conditions, and exceptions). 19 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # 19 Yes," complete Schedule L, Part IV 28	27				
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV					**
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contribution? ## "Yes," complete Scheduble 1, Part ## 288 X b A family member of any individual described in line 28a? ## "Yes," complete Scheduble 1, Part ## 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ## 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? ## "Yes," complete Schedule ## 280 X 29 Did the organization receive more than \$25,000 in non-cash contributions? ## "Yes," complete Schedule ## 30 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? ## "Yes," complete Schedule ## 31 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? ## "Yes," complete Schedule N, Part ## 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? ## "Yes," complete Schedule N, Part ## 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? ## "Yes," complete Schedule R, Part ##, ## 32 X 33 Did the organization related to any tax-exempt or taxable entity? ## "Yes," complete Schedule R, Part ##, ## 35a X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? ## "Yes," complete Schedule R, Part ## 1, ## 28 36a X b ## "Yes," to line 35a, did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V, ## 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V ## 28 36 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, ## 11 a 11 36 Did the orga			27	1-1-1-1	
a A current or former officer, director, trustee, key employes, creator or founder, or substantial contributor? # 28a X "Yes," complete Schedule L, Part IV 28b	28				
"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 35 If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization on Schedule O for Part VI, Iines 11b and 19? Note: All Form 990 filers are required to complete Schedule O and provide explanations on Schedule O for Part VI, Iines 11b and 19? Note: All Form 990 filers are required to complete Schedule O and provide explanations on Schedule O for Part VI, Iines 11b and 19? Note: All Form 990 filers are required to comp					
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c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part I		, · · ·		12	x
"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions?" If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or texable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization complete Schedule O and provide explanations on Schedule R, Part V, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number of Forms W-2G included on line 1a. Enter O- If not applicable b Enter the number of Forms W-2G included on line 1a. Enter O- If not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pize winners?			200		
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Sab Did the organization have a controlled entity within the meaning of section 512(b)[13)? Bif "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)[13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Text V Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Tat the number of Forms W-2G included on line 1a. Enter-0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter-0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Tat Di	C	•	280		×
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contributions? // "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part I					
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Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule N, Part II	31				
Schedule N, Part II 32		· · · ·			
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33			32		Х
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule B, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule B, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule B, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule B, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule B, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
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(gambling) winnings to prize winners?		Line to tensor of the trace worked of the trace and the trace approach	4		
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	First the market of application variated on Form W.C. Transmitted of Wagn and Tay Obstantial		17.11	Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	28 14			
	filed for the calendar year ending with or within the year covered by this return		2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return Did the organization have unrelated business gross income of \$1,000 or more during the year?	181	3a		X
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		OD		
48	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
h	If "Yes," enter the name of the foreign country	30041117	141		444
.J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).	Will		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, =	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		БC		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
		Ţ	ва		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	were not tax deductible?		6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		NAME	Milit	Minin'
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor? .	7a		X
b	If "Yes." did the organization notify the donor of the value of the goods or services provided?	************	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required			
	to file Form 8282?	,	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h	1000000000	*** * * *.
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	1.1	i energ	12/4/44 5 5 6
	sponsoring organization have excess business holdings at any time during the year?		8	14:35.5	N. Erstein
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	***************************************	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	,,	de	1,31,43	3,14,153
10	Section 501(c)(7) organizations. Enter:	11			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	المدا			
a	Gross income from members or shareholders	11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	dah			
40	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	[11b]	100		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 1	12a	1333	100
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
			13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	******************************	-104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
~	organization is ficensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a		***************************************	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.		F. 5.5.5.	VIIII.	N. 1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		F-+1.	establi,	***
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ctivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069,				
23200	5 12-13-22		Forn	1990	(2022)

Form 990 (2022) THE LUTHERAN CARE NETWORK, INC. 11-2890230 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			Sin V
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Altaij		istich (
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			•
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1111	900	(Alteria
a	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ť	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
22	THIS COULD I TOURIST THE THE THE TOURIST THE THE THE TOURIST THE THE THE THE THE THE THE THE THE TH		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	(A.A.	ONE	Andra
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ū	on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	Х	
p.,/	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		144	Single
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	13.5		
.04	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	Mill		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1 100		1
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availa	ble
.0	for public inspection. Indicate how you made these available. Check all that apply.			1.0
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
10	statements available to the public during the tax year.		2741	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
a.V	LARAINE FELLEGARA - 914-365-6365			
	700 WHITE PLAINS ROAD, 377, SCARSDALE, NY 10583			

Page 7

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do	not ci	Posi Posi neck r	tion		ne an	(D) Reportable compensation from	rector, or trustee. (E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	stee or director	institutional trustee	Officer		Highest compensated employes		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LARAINE FELLEGARA CEO AND BOARD MEMBER	10.00 25.00	x		х				413,479.	0.	44,494.
(2) KATHLEEN MCEVOY	10.00	Г								
DIRECTOR OF FINANCE	25.00	1		X				138,664.	0.	21,123.
(3) JAMES MOONEY	5.00									
DIRECTOR OF IT	30.00					Х		149,923.	0.	4,602.
(4) PETER MAZER SECRETARY	1.00	X		х				0.	0.	0.
(5) JOHN MESLOH	1.00	1	 			<u> </u>				
CHAIR		x		х				0.	0.	0.
(6) CHRISTOPHER JONES	1.00									
BOARD MEMBER	4 00	Х			_			0.	0.	0,
(7) ARTHUR UPRIGHT BOARD MEMBER	1.00	x						0.	0.	0 .
(8) JOHN SHANE BOARD MEMBER	1.00	Х						0.	0.	0
(9) FR. BRIAN MCWEENEY	1.00	 	H		 	-	_			
BOARD MEMBER		x						0.	0.	0
(10) JOHN RUTH	1.00						Π			
BOARD MEMBER		X	ļ					0.	0.	0
(11) TOM ROEMKE	1.00					Γ				
BOARD MEMBER		Х						0.	0.	0
(12) BILL TEATOR	1.00									_
BOARD MEMBER		X						0.	0.	0
					-					
,		-								
			<u> </u>	T		T	1			

Part VII Section	n A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	anc	Hig	hes	t Co	ompensated Employee	s (continued)				
	(A)	(B)			((C)			(D)	(E)			(F)	
N	ame and title	Average		not c		more	than c		Reportable	Reportable			timate	
		hours per week	box	, unte	ss pei	rson l	s both a/trust	อก	compensation	compensation			ount	of
		(list any	⊢						from the	from related organizations			other pensa	tion
		hours for	Individual trust ec or director				PS.		organization	(W-2/1099-MISC			om the	
		related	tecoi	ustee	İ		ensot		(W-2/1099-MISC/	1099·NEC)		_	anizat	
		organizations	al trus	in the		e kaj	Comp		1099-NEC)				d relat	
		below line)	dryidu	Institutional trustae	Officer	i em	Highest compensated empleyee	Бугта				orga	ınizati	วกร
		,	┝╧	트	8	=	工品	工_						
			1											
220020000000000000000000000000000000000			 	m	┢	 	 							
			1											
THE STATE OF THE S														
			<u> </u>	ļ	<u> </u>	1	ļ	<u> </u>						
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			┞	ļ	ļ	┞						····		
			-											
		1	├-	┼	-	-	-	-			-+			
			1											
COMM			╫	1	-	\vdash		-				,		
			1	ļ										
1b Subtotal					.L	1			702,066.		0.	7	0,2	19.
	continuation sheets to Part V								0.		0.			0.
d Total (add li		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							702,066.		0.	7	0,2	19.
	r of individuals (including but r	ot limited to th	ose	liste	ed al	pove	e) wh	o re	eceived more than \$100	eldatroqer to 000,				
compensatio	on from the organization													3
											ſ	14.44	Yes	No
3 Did the orga	nization list any forme r officer	, director, trust	tee,	key	emp	loye	e, o	hig '	hest compensated emp	loyee on	İ		144.43	
	'es," complete Schedule J for s											3	244.32	<u>X</u>
-	vidual listed on line 1a, is the s												_v	14.24 44.14
	organizations greater than \$15											4		14.75.7
	son listed on line 1a receive or										ļ	5	[х
	the organization? If "Yes," con endent Contractors	nplete Schedul	e J	or s	ucn	per:	son				<u> 1</u>		L	
	is table for your five highest co	moensated in	dene	ende	nt c	ontr	acto	rs ti	hat received more than !	\$100,000 of comp	ensat	tion fr	om	
•	ition. Report compensation for													
	(A)						.,		(B)			(1	C)	
	Name and business	s address	N	ON	E				Description of	services	C		nsatio	n
										The state of the s				
2 Total numbe	er of independent contractors (including hut r	not i	mite	d to	tho	se li	sted	above) who received m	ore than			Niki	
	compensation from the organ		- • • •				0		,		1,743			

Form 990 (2022) THE LUT
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any line	n this Part VIII	11		
			The second secon	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
23 52	1 a	Federated campaigns 1a					
E a	b						
٥	c						
E St	ci	m t t t t t t t t t t t t t t t t t t t					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e					
<u></u>	f	All other contributions, gifts, grants, and					
bet		similar amounts not included above 11	23,119.				
들이	Q	Noncash contributions included in lines 1a-1f 1g \$					
<u>0 8</u>	h	Total. Add lines 1a-1f		23,119,			
1			Business Code		12 (v + 1 v + 1 + 1 + 1 v + 1 + 1 + 1 + 1 +		NATA BARBARA
χ	2 a	MANAGEMENT FEES	561000	1,914,032.	1,914,032.		
Program Service Bevenue	b						
SA	c						
E al	c				·		
Бщ	€						
4	f	All other program service revenue					
	Ç	Total. Add lines 2a-2f		1,914,032.	parter en en en en en en en en en en en en en		
	3	Investment income (including dividends, interes	it, and				
		other similar amounts)		834.			834,
	4	Income from investment of tax-exempt bond pre	oceeds				
	5	Royalties					
		(ı) Real	(ii) Personal				
	8 8	Gross rents 6a					
	k	Less: rental expenses 6b					
	C	Rental income or (loss) 6c		3,1, 444 - 444 - 44 - 14	11.		
		Net rental income or (loss)				n ngapatan aya, na akasa sa	18.74.75.75.84.25.45.85
İ	7 8	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	1173256.				
	Ŀ	Less: cost or other basis	Δ.				
2		and sales expenses 7b	0. 1173256.				
šķe		Gain or (loss) 7c	11/3230,	1,173,256.	1,173,256.		
her Revenue		d Net gain or (loss)		1,173,230.	1,115,230.		A Paragrafic profits a time to
	8 8	Gross income from fundraising events (not					
ō		including \$ of	:				
		contributions reported on line 1c). See					
		Part IV, line 18 8a Less: direct expenses 8b					
		Less: direct expenses Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
	4 1	Part IV, line 19 9a					
	,	b Less: direct expenses 9b	. ,				
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b		A POWER OF THE PARTY			
		Net income or (loss) from sales of inventory					
			Business Code				
Sg.	11 (misc, income	900099	183,448.	183,448.		
Miscellaneous Revenue	ı	b					
		C					
is B		d All other revenue					
2		e Total, Add lines 11a-11d		183,448.			
	12	Total revenue. See instructions		3,294,689.	3,270,736.	0,	834,

Check if Schedule O contains a respon	se or note to any line in t	his Part IX	(C)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
ındividuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,083,937.	1,082,687.	1,250.	
B Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
Other employee benefits	114,955.	114,955.		
Payroll taxes	63,233.	63,233.		
Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	72,072.		72,072.	
5 / 1/1/11 5 5 5 10/11 47		THE REAL PROPERTY.		
·-				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)	870.	870.		
2 Advertising and promotion	65,387.	281.	65,106.	
3 Office expenses	12,817.	201,	12,817.	
4 Information technology	12,017.		12,017.	
5 Royalties	76 060		76,868.	
6 Occupancy	76,868.	200	3.066.	
7 Travel	3,394.	328.	3,000.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings	164 004		164 004	
0 Interest	164,284.		164,284.	
1 Payments to affiliates	A A A =		0 005	
Depreciation, depletion, and amortization	2,885.		2,885.	
3 Insurance	3,338.		3,338.	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
4 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
amount, list line 24e expenses on Schedule 0.)				
a EQUIPMENT RENTAL	33,422.		33,422.	······································
b PROPERTY TAXES	26,833.		26,833.	
c SUPPLIES	15,887.		15,887.	
d DUES, LICENSES & SUBSCR	1,135.		1,135.	
e All other expenses	887.		887.	
5 Total functional expenses. Add lines 1 through 24e	1,742,204.	1,262,354.	479,850.	C
6 Joint costs. Complete this line only if the organization	Π			
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

rar	LA	Balance Sneet					<u> </u>
		Check if Schedule O contains a response or note	e to any l	ine in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			222,936.	1	617,185.
l	2	Savings and temporary cash investments		1		2	
ļ	3	Pledges and grants receivable, net				3	
	4					4	
1	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst			Territo India fordining		
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
-		under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
n	7	Notes and loans receivable, net		.,,.		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			44,846.	9	63,495.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,121,851.		1435	
	b	Less: accumulated depreciation	10b	115,013.	7,629.	10c	2,006,838.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14		
	15	Other assets. See Part IV, line 11		4,602,380.	15	1,289,881.	
	16	Total assets. Add lines 1 through 15 (must equi	al line 33)	4,877,791.	16	3,977,399.
	17	Accounts payable and accrued expenses		,.,	484,199.	17	385,307.
	18	Grants payable	, . ,			18	
	19	Deferred revenue				19	25,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
Ø	22	Loans and other payables to any current or form	er office	r, director.			
litie		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%	The same of the sa	1	
Liabilities		controlled entity or family member of any of thes	se persoi	าร		22	
:	23	Secured mortgages and notes payable to unrela	ited third	l parties	1,524,213.	23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa				1	
		parties, and other liabilities not included on lines	17-24).	Complete Part X	4 252 404	İ	0 011 000
		of Schedule D	,		4,358,124.		
	26	Total liabilities. Add lines 17 through 25			6,366,536.	26	2,721,595.
, .		Organizations that follow FASB ASC 958, che	ck here	X			
ő		and complete lines 27, 28, 32, and 33.			1 400 545		1 055 004
Ē	27	Net assets without donor restrictions		.,.,	-1,488,745.	1	1,255,804.
89	28	Net assets with donor restrictions		28			
Ę		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balances		and complete lines 29 through 33.				1	
ts c	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ed				30	
tΑ	31	Retained earnings, endowment, accumulated in	come, o	r other funds	1 400 745	31	1 255 004
Š	32				-1,488,745.		1,255,804.
	33	Total liabilities and net assets/fund balances			4,877,791.	33	3,977,399. Form 990 (2022

	990 (2022) THE LUTHERAN CARE NETWORK, INC.	<u>11-2</u>	896230	Page	12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	L	X
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,294		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,742		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,552		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,488	,74	<u>5.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			_
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,192	,06	4.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,255	, 80	4.
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	WE 253	widie N	, HAVE
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		NAME		Par sir
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				A.M.F
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	and the same lating when an Oak adult O and deposition must stope taken to undergo each audite		25	1	

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer Identification number

		THE I	LUTHERAN CA	RE NETWORK,	INC.			1:	1-2896230
Pa	rt T	Reason for Public C			implete th	is part.) Se	ee instruction	S.	
The	organi	zation is not a private founda				-			
1		A church, convention of chu					YAYO).		
2		A school described in section							
3	Ħ	A hospital or a cooperative i				6)/1\/ A \/iii	n.		
4	H	A medical research organiza						(iii). Enter t	the hospital's name.
4		city, and state:	mon operated in con	janotion min a noophan	200011200		(~)(.)(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_	Г	An organization operated for	r the henefit of a coll	one or university owned	or operate	ed by a go	vernmental u	nit describe	d in
5	ш	-		ege of differently owned	or operate	.o by a go	voiriniontal a		
_		section 170(b)(1)(A)(iv). (Co		antal unit danadhad in .	astion 17	A/63/43/A3/	w		
6	H	A federal, state, or local gov						o gonoral n	while described in
7	Ш	An organization that normal		nai pan oi its support in	om a gove	mnentart	JIM OF HOME U	ie generai p	done described in
		section 170(b)(1)(A)(vi). (Co	·		** >				
8	\vdash	A community trust describe				-1 :	anadama sadda a	land avant.	ooilooo
9	L	An agricultural research orga							
		or university or a non-land-gi	rant college of agricu	liture (see instructions). I	inter the r	iame, city,	and state of	me conege	OI
	TT.	university:						·	1
10	X	An organization that normal							
		activities related to its exem							
		income and unrelated busin		less section 511 tax) IIO	m busines	ses acquir	eo by the org	janization a	iter June 30, 1975.
		See section 509(a)(2). (Con	•		0		201-1141		
11		An organization organized a						um s assé éla a s	nurnanan of ana ar
12		An organization organized a							
		more publicly supported org							SHECK THE DOX ON
	_	lines 12a through 12d that o							
а	L	Type I. A supporting orga							
		the supported organizatio			majority o	t the direc	tors or truste	es of the su	ipporting
	-	organization. You must c	•						
b	<u></u>	Type II. A supporting orga							
		control or management of			ime persoi	ns that co	ntrol or mana	ge the supp	оопеа
	r	organization(s). You must							
C	Ĺ_	Type III functionally inte						lly integrate	ed With,
		its supported organization							
C	· L	Type III non-functionally							
		that is not functionally into						i an attentiv	/eness
	-	requirement (see instructi							
€	<u> </u>	Check this box if the orga					Type I, Type	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			
		er the number of supported o						*	
	Pro	vide the following information (i) Name of supported	about the supported (ii) EIN	d organization(s). (iii) Type of organization	(w) Is the org	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization	(ii) Eii4	(described on lines 1-10	rn your governi Yes	no decument? No	support (see i	•	support (see instructions)
				above (see instructions))	165	140			
					<u></u>				
					ļ				
			,						
						<u> </u>	ļ		
					[[
No.					 	 			
Tot	al	Control of the Contro			7:1111-1-11	12.5			

Schedule A (Form 990) 2022 THE LUTHERAN CARE NETWORK, INC. 11-2896230 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	-	
(Complete only if)	you checked the box on lin	e 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
laits to qualify und	fer the tests listed below, o	tease complete Part III)

_	fails to qualify under the tests	listed below, pleas	se complete Part II	II.)					
Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						···		
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)		\$15\$ (155 FFF)						
	Public support. Subtract line 5 from tine 4.		The state of the state of the state of						
Sec	tion B. Total Support			r · · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
8	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain				ļ				
	or loss from the sale of capital			· ·					
	assets (Explain in Part VI.)	<u></u>		To the boson of th					
11	*,		<u> </u>		<u> </u>				
12	Gross receipts from related activities.			farrata au fifth tarr		04(0)(0)			
13	First 5 years. If the Form 990 is for the								
Sec	organization, check this box and sto ction C. Computation of Publ				***************************************	,,,	<u> </u>		
	Public support percentage for 2022 (column (f))		14	%		
	Public support percentage from 2021					15	%		
	33 1/3% support test - 2022. If the						· · · · · · · · · · · · · · · · · · ·		
,,,,	stop here. The organization qualifies								
Ł	33 1/3% support test - 2021. If the								
,-	and stop here. The organization qua								
172	10% -facts-and-circumstances test								
	and if the organization meets the fact								
	meets the facts-and-circumstances to			-		.,			
ŀ	10% -facts-and-circumstances test	_	-				,		
•	more, and if the organization meets t								
	organization meets the facts-and-circ				•				
18	Private foundation. If the organization		•	, ,					
	Schedule A (Form 990) 2022								

Schedule A (Form 990) 2022 THE LUTHERAN CARE NETWORK, INC Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	Section A. Public Support							
Cale	ndar year (or fisoal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not					4456555	4.550000	
	include any "unusual grants.")	339,605.	10,454.	19,963.	111,632.	1196375.	1678029.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the				0056404	1014020	1155055	
	organization's tax-exempt purpose	2672670.	2706209.	2424863.	2056181.	1914032.	11773955.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513						<u> </u>	
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge					- 4 4 - 1 4 - 1	4.4.4.4.4.4	
6	Total. Add lines 1 through 5	3012275.	2716663.	2444826.	2167813.	3110407.	13451984.	
7 <i>a</i>	Amounts included on lines 1, 2, and						_	
	3 received from disqualified persons						0.	
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year						0.	
,	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)	New Property Control					13451984.	
Se	ction B. Total Support	<u> </u>			l.,			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6	3012275.	2716663.	2444826.	2167813.		13451984.	
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	604.	45.	262.	180.	834.	1,925.	
	Unrelated business taxable income							
•	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b	604.	45.	262.	180.	834.	1,925.	
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						•	
12	Other income. Do not include gain or loss from the sale of capital							
13	assets (Explain in Part VI.)	3012879.	2716708.	2445088.	2167993.	3111241.	13453909.	
	First 5 years. If the Form 990 is for the			fourth, or fifth tax	year as a section 5	i01(c)(3) organizati	on,	
	check this box and stop here							
1	Public support percentage for 2022 (column (fil)		15	99.99 %	
						16	99.98 %	
16 Se	ction D. Computation of Inves				**************************************	1 10 1		
				ne 12. column (fi)		17	.01 %	
17	Investment income percentage for 20 investment income percentage from			ne ra, comin (i))		18	.02 %	
18	a 33 1/3% support tests - 2022. If the							
19							7 IS FIOT	
	more than 33 1/3%, check this box at b 33 1/3% support tests - 2021. If the	•						
	• •							
	line 18 is not more than 33 1/3%, che Private foundation. If the organization							
20	Frivate foundation. If the organization	on alla not check a	DOX OITHIRE 14, 19	a, or tab, check tr	no DOX and See ins		A (Farm 000) 2022	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? # "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
2 3a	VN938	
3b 3c		114133
4a		
4h		
4c		
5a 5b	Arok diliy	*****
5c		
6		
7 8	1 5555	
8		V2(1) V2(2)
9a 9b		
9c		
10a		
l paragraph	Presidente.	

232025 12-09-22

За

Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

4

5

Enter greater of line 2 or line 3.

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5 Income tax imposed in prior year

instructions)

Schedule A (Form 990) 2022

a Excess from 2018
b Excess from 2019
c Excess from 2020
d Excess from 2021
e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Name of the organization

Employer identification number

	TH	HE LUTHERAN CARE NETWORK, INC.	11-2896230				
Organiz	ation type (check o	one):					
Filers of	f:	Section:					
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c	is covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
X	•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section section section section to such contributions totaled makes the total contributions that were received during the year for an exclusively religious semplete any of the parts unless the General Rule applies to this organization because it de, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>				
answer	"No" on Part IV, lin	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ng requirements of Schedule B (Form 990).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

\mathtt{THE}	LUTHERAN	CARE	NETWORK,	INC.

11-2896230

Part I	Contributors (see instructions). Use duplicate copies of Part Life	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LCMS FOUNDATION 1333 S KIRKWOOD RD ST. LOUIS, MO 63122	ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		S	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE LUTHERAN CARE NETWORK, INC.

11-2896230

art li	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schedule B (Form 990)

Name of organization

Employer identification number

HE LU	JTHERAN CARE NETWORK, IN	C.		11-2896230			
Part III	from any and contributor. Complete columns (a) t	brough (e) and the following line entr	v For occanizations				
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	aritable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info, once.)	\$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held			
-		(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transfe	ror to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transfe	eror to transferee			
(a) No. from Part I	(b) Purpose of gift (c) Use o		(d) Descrip	tion of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, al	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held			
	(e) Transfer of gift						
	Turnefoured managed doors		Relationship of transl	arar ta transferee			
	Transferee's name, address, a	119 217 + 4	กอเสนบเเซกเช บา นสกรเ	eror to transieree			

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization 11-2896230 THE LUTHERAN CARE NETWORK INC.

Par		Funds or Other Similar Funds	or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
	<u></u>	(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr			
	are the organization's property, subject to the organization's ex			Yes No
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or o	fonor advisor, or for any other purpose	conferring	
Pat			Part IV, line 7	7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation	·		y important land area
	Protection of natural habitat	Preservation o	f a certified h	istoric structure
	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conserv	Held at the End of the Tax Year
	day of the tax year.			neiu at the Enu of the Tax Teal
а				
b	•			
C	Number of conservation easements on a certified historic struc		2c	
đ	Number of conservation easements included in (c) acquired aft	er July 25,2006, and not on a		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organizatioi	n during the tax
	year			
4	Number of states where property subject to conservation ease		•	
5	Does the organization have a written policy regarding the period	11.0		
	violations, and enforcement of the conservation easements it i			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and emotoring con	iservation eas	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	no of violations, and enforcing conserva	ation easeme	nts during the year
•	Amount of expenses meaned in monitoring, majorating, randing	ing or violations, and ornoroning contest in		,g
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170)(h)(4)(B)(i)	
J				Yes No
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the footnot			
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Simil	ar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement	and balance	sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in t	iurtherance o	f public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and	balance she	et works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in fur	therance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		,.,.,	\$
2	If the organization received or held works of art, historical trea-			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990, Part X	·		\$

232051 09-01-22

Schedule D (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sched		HERAN CARE						<u> 11-28</u>		Page 2	
Par									(continu	ed)	
3	Using the organization's acquisition, accession	on, and other record	s, check an	y of the f	ollowing that n	nake siç	gnificant (use of its			
	collection items (check all that apply):										
a	Public exhibition	d			hange program						
b	Scholarly research	е	L Ou	ner							
¢	c Preservation for future generations										
4	Provide a description of the organization's co							se in Part I	XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be ma								Yes	No_	
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the or	ganizatio	n answered "Y	'es" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for cor	ntributions	s or other asse	ts not i	ncluded		_		
	on Form 990, Part X7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						L	Yes	L No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	le:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year	,					1d				
	Distributions during the year						1 .				
f	Ending balance										
2a	Did the organization include an amount on Fe							,	Yes	No No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation h	nas been	provided on Pa	art XIII					
	t V Endowment Funds. Complete i				rm 990, Part N	V, line 1					
		(a) Current year	(b) Pric	r year	(c) Two years	back	(d) Three	years back	(e) Four y	ears back	
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1a. c	column (a	1) held as:						
a	Board designated or quasi-endowment		%	· · · · · · · · · · · · · · · · ·	,,						
h	Permanent endowment	%									
~		%									
·	The percentages on lines 2a, 2b, and 2c sho	• •									
30	Are there endowment funds not in the posse		ation that a	re held ar	nd administere	d for th	ıe				
- Ou	organization by:	,20,0,7 01 0.10 0,g			.,_				ſ	Yes No	
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization								7		
4	Describe in Part XIII the intended uses of the							**************	(_ <u></u>		
	t VI Land, Buildings, and Equipm		71711,0110 7611				****				
	Complete if the organization answere		0, Part IV, I	ine 11a. S	See Form 990.	Part X,	line 10.				
	Description of property	(a) Cost or			t or other		ccumulat	ted	(d) Book	value	
	Bescription of property	basis (invest			(other)		preciation		(w) Doon	70,00	
	Lond		,		0,000.		nina A. A.	1421-1422 1431-1432	2.000	,000.	
_	Land	B		2,00	,			-	_, , , , ,	<u> </u>	
b	Buildings										
	Leasehold improvements	1		1 2	21,851.		115,0	13	б	,838.	
d	Equipment	1			,					, , , , , ,	
	Other			/D) 4: 4	L				2.006	.838.	

Schedule D (Form 990) 2022

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d-of-year market value
A			
t) Financial derivatives 2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			Program and sales and control of the sales of the sales of the sales of the sales of the sales of the sales of
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
DIE TOOK DELAMED COMPANIEC			171,954.
ANDREETIC TERM DECIM OF D			50,039.
DUE EDOM ABELLIAMEN NEW OF		TION	1,067,888.
	003(2)(2)(2)		
(4)			***
(6) (6)			
(7)			
(8)			
(8) (9)			
(9)	15.)		1,289,881.
	15.)		1,289,881.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line		e 11e or 11f. See Form 990, Part X, line 2	5.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		e 11e or 11f. See Form 990, Part X, line 2	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		e 11e or 11f. See Form 990, Part X, line 2	5. (b) Book value
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) LINE OF CREDIT	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 2	5. (b) Book value 1,299,917
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) LINE OF CREDIT (3) PENSION WITHDRAWAL LIABILI	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5. (b) Book value 1,299,917
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LINE OF CREDIT (3) PENSION WITHDRAWAL LIABILI (4) DUE TO AFFILIATED COMPANIE	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5. (b) Book value 1,299,917 7,360 692,256
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) LINE OF CREDIT (3) PENSION WITHDRAWAL LIABILITY (4) DUE TO AFFILIATED COMPANIE (5) OPERATING LEASE LIABILITY	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5. (b) Book value 1,299,917
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) LINE OF CREDIT (3) PENSION WITHDRAWAL LIABILITY (4) DUE TO AFFILIATED COMPANIE (5) OPERATING LEASE LIABILITY (6) CURRENT PORTION OF DUETO	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5. (b) Book value 1,299,917 7,360 692,256 50,246
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) LINE OF CREDIT (3) PENSION WITHDRAWAL LIABILITY (4) DUE TO AFFILIATED COMPANIE (5) OPERATING LEASE LIABILITY	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5. (b) Book value 1,299,917 7,360 692,256 50,246
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) LINE OF CREDIT (3) PENSION WITHDRAWAL LIABILITY (4) DUE TO AFFILIATED COMPANIE (5) OPERATING LEASE LIABILITY (6) CURRENT PORTION OF DUETO	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5. (b) Book value 1,299,917 7,360 692,256
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) LINE OF CREDIT (3) PENSION WITHDRAWAL LIABILITY (4) DUE TO AFFILIATED COMPANIE (5) OPERATING LEASE LIABILITY (6) CURRENT PORTION OF DUETO (7) AFFILIATED COMPANIES	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5. (b) Book value 1,299,917 7,360 692,256 50,246

Schedule D (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

THE LUTHERAN CARE NETWORK, INC.

[Part I | Questions Regarding Compensation

Employer identification number 11-2896230

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	First-class or charter travel Housing allowance or residence for personal use		
	Travel for companions Payments for business use of personal residence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		Hills.
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1 11 11 11 1	54 (151)
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		
	establish compensation of the CEO/Executive Director, but explain in Part III.		
	X Compensation committee X Written employment contract		
	X Independent compensation consultant X Compensation survey or study		
	X Form 990 of other organizations X Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling		
	organization or a related organization:		ENEN
а	Receive a severance payment or change-of-control payment?		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan? 4b		Х
С	manager and the second		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
	contingent on the revenues of:		
а	The organization? 5a		Х
b	Any related organization? 5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
	contingent on the net earnings of:		1 2 1 2 4 1 2
a	The organization?		Х
b	Any related organization?		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		1 11 11 11
	not described on lines 5 and 6? If "Yes," describe in Part III		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		NAM.
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	1 33	
	Regulations section 53.4958-6(c)?		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Schedule J (Form 890) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	(B) Break down of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)()-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LARAINE FELLEGARA	E	413,479.	0	0	12,489.	32,005.	457,973.	• 0
Æ	: €	0	0	0	0	0.	- 1	0.
(2) KATHLEEN MCEVOY	€	138,664.	0	0	4,345.	16,778.	159,787.	0.
	€	-1	0	0.	• 0	0.		0.
(3) JAMES MOONEY	ε	149,923.	0	0	4,498.	104.	154,525.	0.
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							Sched	Schedule J (Form 990) 2022

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SCHEDULE L

(Form 990)

Transactions With Interested Persons

Complete If the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open To Public Inspection

OMB No. 1545-0047

THE LUTHERAN CARE NETWORK, INC.		11-20	9623	30		
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and sec						
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b	, or Form 990-EZ, Pa	rt V, line 40)b			
(a) Name of disqualified person (b) Relationship between disqualified person and organization (c)) Description of trans	saction		(d) € Ye		cted? No
						-,-,-
Enter the amount of tax incurred by the organization managers or disqualified persons during the control of tax incurred by the organization managers or disqualified persons during the control of tax incurred by the organization managers or disqualified persons during the control of tax incurred by the organization managers or disqualified persons during the control of tax incurred by the organization managers or disqualified persons during the control of tax incurred by the organization managers or disqualified persons during the control of tax incurred by the organization managers or disqualified persons during the control of tax incurred by the organization managers or disqualified persons during the control of tax incurred by the organization managers or disqualified persons during the control of tax incurred by the organization managers or disqualified persons during the control of tax incurred by the organization managers or disqualified persons during the control of tax incurred by the organization managers or disqualified persons during the control of tax incurred by the organization managers or disqualified persons during the control of tax incurred by the organization managers or disqualified persons during the control of tax incurred by the organization managers or disqualified persons during the control of tax incurred by the control of tax incurred by the control of tax incurred by the control of tax incurred by the control of tax incurred by the control of tax incurred by the control of tax incurred by the control of tax incurred by the control of tax incurred by the control of tax incurred by the control of tax incurred by the control of tax incurred by the control of tax incurred by tax incur	ing the year under			1		
section 4958		s	;	•		
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization		\$	·			
David David						
Part II Loans to and/or From Interested Persons.	Form 000 Port IV lin	o agr or if th	no organ	nizatio	n	
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or F reported an amount on Form 990, Part X, line 5, 6, or 22.	TOTH 990, Fait IV, IBP	e 20, Or II II	io vigai	nzano	11	
(a) Name of (b) Relationship (c) Purpose (d) Loan to or (e) Original	(f) Balance due	(g) ln	(h) App	proved	(i) W	Vritten
interested person with organization of loan organization? principal amount	<u> </u>	default?	comm	ittee?	agree	ment?
To From		Yes No	Yes	No	Yes	No
						-
			+			\dagger
						-
						+-
		 				+
Total \$		14/1/11/20	A Maria		10,10	gara da
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.			•	3		
(a) Name of interested person (b) Relationship between (c) Amount of	(d) Type	of	(е) Purp	ose o	of
interested person and assistance the organization	assistar	ıce		assista	ance	
			<u> </u>			

Schedule L (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

lame of the organization			

Employer identification number

THE LUTHERAN CARE NETWORK, INC. 11-2896230	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
IN CARING. TLCN PROVIDES MANAGEMENT, DEVELOPMENT & FUNDRAISING	
SERVICES TO RELATED 501(C)(3) ORGANIZATIONS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE CHAIR OR AT LEAST ONE	
MEMBER OF THE AUDIT COMMITTEE. ONCE APPROVED, A COPY IS GIVEN TO EACH	
BOARD MEMBER BEFORE SIGNING AND FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD OF DIRECTORS AND MANAGEMENT OF THE ORGANIZATION MONITOR AND	
ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION TO OFFICERS AND/OR KEY EMPLOYEES IS SUBJECT TO BOARD APPRO	DVAL
ON A YEARLY BASIS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST PO	OLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GRANTS FROM AFFILIATED COMPANY 1,192	,064.
FORM 990, PART XII, LINE 2C:	
THERE HAS BEEN NO CHANGE IN THE PROCESS FOR REVIEWING AUDITED FINANCIA	L

3 6

2022.04030 THE LUTHERAN CARE NETWORK WAR01601

Schedule O (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 99	90) 202	22					Page 2
Name of the organiza			LUTHERAN C	ARE N	ETWORK, INC.		Employer identification number 11-2896230
STATEMENTS	OR	THE	SELECTION (OF AN	INDEPENDENT	AUDITOR.	
	-						
		·					

SCHEDULER (Form 990)

Parti

Related Organizations and Unrelated Partnerships

Open to Public Inspection OMB No. 1545-0047 2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 11-2896230 INC. THE LUTHERAN CARE NETWORK,

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service

Direct controlling entity End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. PartII

Oldanizations outling the lay year							1
(e)	(q)	9	<u>6</u>	(e)	€	(g) Section 512(b)(13)	(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	ì S n
of related organization		foreign country)	section	status (if section	entity	ontity?	
				501(¢)(\$))		Yes	N _o
COBURG VILLAGE, INC 11-3211085							
700 WHITE PLAINS ROAD, SUITE 377					THE LUTHERAN CARE		
SCARSDALE, NY 10583	SENIOR HOUSING	NEW YORK	501(C)(3)	LINE 10	NETWORK, INC.	×	
GOOD SAMARITAN LUTHERAN HEALTH CARE CENTER,							
INC 23-7310663, 700 WHITE PLAINS ROAD,					THE LUTHERAN CARE		
SUITE 377, SCARSDALE, NY 10583	SKILLED NURSING FACILITY	NEW YORK	501(C)(3)	LINE 10	NETWORK, INC.	×	
KENWOOD MANOR, INC 14-1368178							
700 WHITE PLAINS ROAD, SUITE 377	LICENSED ADULT CARE				THE LUTHERAN CARE		
SCARSDALE, NY 10583	FACILITY	NEW YORK	501(C)(3)	LINE 10	NETWORK, INC.	×	
GOOD SAMARITAN SENIOR HOUSING DEVELOPMENT							
FUND COMPANY, INC - 14-1727655, 700 WHITE					THE LUTHERAN CARE		
PLAINS ROAD, SUITE 377, SCARSDALE, NY 10583	LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	NETWORK, INC.	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Form 990) 2022	orm 990) 2	2022

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

11-2896230

THE LUTHERAN CARE NETWORK, INC.

Schedule R (Form 990)

Partil Continuation of Identification of Related Tax-Exempt Organizations

(a)	(g)	©	©	(e)	€	(g) Section 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization?
	i .				H H C	
08456, 700 WHITE PLAINS ROAD, SUITE	HEALTH SERVICES TO THE		,	1	검	
377, SCARSDALE, NY 10583	ELDERLY	NEW YORK	501(C)(3)	LINE 10	NETWORK, INC.	×
LUTHERAN HOUSING DEVELOPMENT CORPORATION AT						
	RESIDENTIAL APARTMENT				ш	
PLAINS ROAD, SUITE 377, SCARSDALE, NY 10583	BUILDING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 10	NETWORK, INC.	×
LUTHERAN HOUSING DEVELOPMENT CORPORATION OF		<u>i</u>			:	
AINS	RESIDENTIAL APARTMENT				=	
ROAD, SUITE 377, SCARSDALE, NY 10583	COMPLEX FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 10	NETWORK, INC.	×
LUTHERAN HOUSING DEVELOPMENT CORPORATION OF						····
PAWLING - 11-3269257, 700 WHITE PLAINS ROAD,	RESIDENTIAL APARTMENT				Ħ	
SUITE 377, SCARSDALE, NY 10593	COMPLEX FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 10	NETWORK, INC.	×
WARTBURG HOUSING DEVELOPMENT FUND						
CORPORATION - 11-3051052, 700 WHITE PLAINS	TO PROVIDE HOUSING FOR LOW				+	
ROAD, SUITE 377, SCARSDALE, NY 10583	INCOME AND INDIGENT PEOPLE	NEW YORK	501(C)(3)	LINE 10	NETWORK, INC.	×
THE LUTHERAN CARE NETWORK FOUNDATION, INC -						
11-2645255, 700 WHITE PLAINS ROAD, SUITE					出	
377, SCARSDALE, NY 10583	DORMANT	NEW YORK	501(C)(3)	LINE 7	NETWORK, INC.	M
WARTBURG NURSING HOME - 23-7087284						
700 WHITE PLAINS ROAD, SUITE 377					쁩	
SCARSDALE, NY 10583	DORMANT	NEW YORK	501(C)(3)	LINE 10	NETWORK, INC.	×
WARTBURG LUTHERAN HOME FOR THE AGING, INC						
11-1631836, 700 WHITE PLAINS ROAD, SUITE	MANAGES HUD HOUSING				#	•
377, SCARSDALE, NY 10583	PROGRAMS	NEW YORK	501(C)(3)	LINE 10	NETWORK, INC.	×
HUDSON VALLEY SENIOR RESIDENCE - 14-1364545						
700 WHITE PLAINS ROAD, SUITE 377					井	1
SCARSDALE, NY 10583	DORMANT	NEW YORK	501(C)(3)	LINE 10	NETWORK, INC.	×
THE PROPERTY OF THE PROPERTY O	·					
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11-2896230

Page 2

INC THE LUTHERAN CARE NETWORK,

Schedule R (Form 990) 2022

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. PartIII

(a) Name address and EiN	(b) Primary activity	(c) Logal	(d) Direct controlling	(e) Predominantincome		(f) Share of total	(g) Share of	(h) Disproportionate			General or Percentage
of related organization		(state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)		ncome	assets	yes No	20 of Schedule K-1 (Form 1065)		
									· · · · · · · · · · · · · · · · · · ·		
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Partiv Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	ganizations Taxable a rporation or trust durin	is a Corpo ig the tax y		omplete if the o	organization	answered "Yes	s" on Form 990,	Part IV, line 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one of more related	one or mo	re related
(a)			(p)	(0)	(p)	(e)				Ξ	
Name, address, and EIN of related organization	<u>≅</u> c	F	ctivity	Logal domicile (state or foreign	Direct controlling entity	ing Type of entity (C corp. S corp. or trust)		Share of total income	Share of Pend-of-year cassets	Percentage ownership	512/b contro
				country)							Yes No
***************************************					1						
44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-											
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232162 09-14-22

Page 3

Yes

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4 4 Schedule R (Form 990) 2022

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. PartV

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Purchase of assets from related organization(s) Sale of assets to related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses

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- <u>α</u>
- Reimbursement paid by related organization(s) for expenses
- Other transfer of cash or property from related organization(s) r Other transfer of cash or property to related organization(s)

relationships and transaction thresholds.	4.
t complete this line, including covered relationships and trans	
in on who must complete th	
tructions for informatic	
2 If the answer to any of the above is "Yes," see the ins	
2	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LUTHERAN CENTER AT POUGHKEEPSIE, INC.	Į.	919,482.	
(2) LUTHERAN CENTER AT POUGHKEEPSIE, INC.	ŭ	1,192,064.	
LUTHERAN HOUSING DEVELOPMENT CORPORATION	Q	495,000.	
LUTHERAN HOUSING DEVELOPMENT CORPORATION (4) AT CONCORD VILLAGE	Q	219,940.	
(5) GOOD SAMARITHAN SENIOR HOUSING	Q	117,046.	
WARTBURG HOUSING DEVELOPMENT FUND (A) CORPORATION	Ω	352,037.	
			Cools (Cools and Cools)

11-2896230

THE LUTHERAN CARE NETWORK, INC.

Schedule R (Form 990)

Party Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) WARTBURG LUTHERAN HOME FOR THE AGING	闰	692,256.	
COBURG VI	ㅂ	497,046.	
	П	47,885.	
Į.	R	919,482.	
WARTBURG LUTHERAN H	ī	329,449.	
HOME FOR THE AGING	О	54,908.	
(21)			
(14)			
(15)			
611			
(18)			
(19)			
(20)			
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(22)			
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(6.2)			
(2.4)			and the state of t

Page 4

INC. THE LUTHERAN CARE NETWORK, Schedule R (Form 990) 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

							[;			4.5
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominantincome	(e) Freall partners sec.	()	(g) Share of	Oispropor-	Code V-UBI	U) Genoral or manacino	(K) Percentage
of entity		(state or foreign country)	(related, unrelated, excluded from tax und sections 512-514)	Sun(c)(3)	total income	end-of-year assets	Selections?	of Schedule K-1 (Form 1065)	partner?	ownership
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The state of the s							+			
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									-	
								Schedule	R (For	Schedule R (Form 990) 2022

Schedule R	(Form 990) 2022	THE	LUTHERAN	CARE	NETWORK,	INC.	11-2896230 Page	e 5
Part VII	(Form 990) 2022 Supplemental Info	rmation						
	Provide additional inform	ation for	acnancae ta auge	tions on S	chadula R See in	etructione		
	Provide additional inform	iauon iori	esponses to ques	tions on a	Citedule N. 366 II	istructions.		
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Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

UMB NO. 1343-0047	OMB No.	1545-0047
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2022

For calendar year 2022, or fiscal year beginning Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer 11-2896230 THE LUTHERAN CARE NETWORK, INC. LARAINE FELLEGARA Name and title of officer or person subject to tax CEO Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 18 b Total revenue, if any (Form 990-EZ, line 9) 2b Form 990-EZ check here 2a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) За b Tax based on investment income (Form 990-PF, Part V, line 5) Form 990-PF check here 48 Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a b Total tax (Form 990-T, Part III, line 4) Form 990-T check here ва b Total tax (Form 4720, Part III, line 1) 7a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Item D) Яa Form 5227 check here Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the _ , (EIN)_ of entity) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS. (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1.888.353.4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 10801 X lauthorize BONADIO & CO., to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. ___ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will anter my-PIN on the retarn's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 14227212205 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros

Lecrtify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

KENNETH MCGIVNEY Kenneth P. Mc June

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

Filing Instructions

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Prepared for:	Prepared by:					
THE LUTHERAN CARE NETWORK, INC.	BONADIO & CO., LLP					
700 WHITE PLAINS ROAD 377	6 WEMBLEY CT					
SCARSDALE, NY 10583	ALBANY, NY 12205					
0000 BODY 000						
2022 FORM 990						
ELECTRONIC FILING:						
THE RETURN FOR COMPLETENESS AND ACC FORM 8879-TE TO OUR OFFICE. WE WIL	FRONIC FILING. AFTER YOU HAVE REVIEWED CURACY, PLEASE SIGN, DATE AND RETURN LL TRANSMIT THE RETURN ELECTRONICALLY S REQUIRED. RETURN FORM 8879-TE TO US					
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Bonadio & Co., LLP Certified Public Accountants

OCTOBER 16, 2023

THE LUTHERAN CARE NETWORK, INC. 700 WHITE PLAINS ROAD 377 SCARSDALE, NY 10583

THE LUTHERAN CARE NETWORK, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2022 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

BONADIO & CO., LLP